

<p style="text-align: center;">Effective on 12/08/2004 Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818)</p> <h1 style="margin: 0; font-size: 1.2em;">FEE TRANSMITTAL</h1> <h2 style="margin: 0; font-size: 1.1em;">for FY 2005</h2>		<p style="text-align: center;"><b>Complete if Known</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Application Number</td> <td style="width: 50%;">PCT/IB05/000079</td> </tr> <tr> <td>Filing Date</td> <td>01/11/05</td> </tr> <tr> <td>First Named Inventor</td> <td>Justin S. Bryans</td> </tr> <tr> <td>Examiner Name</td> <td>Unknown</td> </tr> </table>		Application Number	PCT/IB05/000079	Filing Date	01/11/05	First Named Inventor	Justin S. Bryans	Examiner Name	Unknown																																								
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<input type="checkbox"/> Applicant claims small status. See 37 CFR 1.27.		Art Unit Unknown																																																	
<b>Total Amount of Payment</b> (\$ 400.00)		Attorney Docket No. <b>PC25784A</b>																																																	
<b>METHOD OF PAYMENT</b> (check all that apply)																																																			
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____																																																			
<input checked="" type="checkbox"/> Deposit Account: Deposit Account number <b>16-1445</b> Deposit Account Name <b>Pfizer Inc</b> For the above identified deposit account, the Director is authorized to: (check all that apply)																																																			
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account																																																			
<input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s) under 37 CFR 1.1.6 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments																																																			
<b>WARNING:</b> Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038																																																			
<b>FEE CALCULATION</b>																																																			
<b>1. BASIC FILING FEE</b>																																																			
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<b>3. APPLICATION SIZE FEE</b>																																																			
<p>If the specification and drawings exceed 100 sheets of paper, (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 36 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).</p>																																																			
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<b>Submitted</b>																																																			
Name (Printed/Type) <b>Andrea E. Dorigo</b>		Registration No. <b>47,532</b> (Attorney Agent)																																																	
Signature <b>/Andrea Dorigo/</b>		Telephone <b>1-212-733-1898</b>																																																	

This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file ( and by the USPTO to process) an application. Confidentiality is governed by 36 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

*If you need assistance in completing the form, call 1-800-PTO-9198 and select option 2.*